FEC FORM 1

## STATEMENT OF ORGANIZATION

| FORM 1                       | ORGANIZATION (See instructions)         |                               |   |                      |                          |       |
|------------------------------|---|-------------------------------|---|----------------------|--------------------------|-------|
| . •                          |   |                               |   | Office use only      |                          |       |
| NAME OF COMMITTEE (in f      | (Check if n is changed                  | ame Example:<br>) over the li | If typying, type<br>nes   | 12FE4M5              | 1 1                      |       |
| Friends of Jua               | n Vargas<br>                            |                               |   |                      |                          |       |
|                              |   |                               |   |                      |                          | шш    |
| ADDRESS (number and s        | P.O. Box 9901                           |                               |   |                      |                          |       |
| (Check if addre              |   |                               |   |                      |                          |       |
| is changed)                  | San Diego                               |                               |   | CA L                 | 92169                    |       |
|                              |   | CITY▲                         | ;   | STATE                | ZIP COD                  | E 📥   |
| COMMITTEE'S E-MAI            | L ADDRESS                               |                               |   |                      |                          |       |
|                              |   |                               |   |                      |                          |       |
| <u> </u>                     |   |                               |   |                      |                          | لببيا |
| COMMITTEE'S WEB              | PAGE ADDRESS (URL)                      |                               |   |                      |                          |       |
|                              |   |                               |   |                      |                          |       |
|                              |   |                               | 11111   |                      |                          |       |
| COMMITTEE'S FAX N            | UMBER                                   |                               |   |                      |                          |       |
| بنا لبنا                     |   |                               |   |                      |                          |       |
| 2. DATE 0 1                  | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |                               |   |                      |                          |       |
| 3. FEC IDENTIFICA            | TION NUMBER                             | C C00408                      | 161   |                      |                          |       |
| 4. IS THIS STATEM            | ENT X NEW (N)                           | OR                            | AMENDED (A)   |                      |                          |       |
| I certify that I have examin | ned this Statement and to the best o    | f my knowledge and beli       | ef it is true, correct and  | complete             |                          |       |
| •                            |   |                               |   | ·                    |                          |       |
| Type or Print Name of        | Treasurer Beth Reno                     | )                             |   |                      |                          |       |
| Signature of Treasurer       | Electronically Filed by <b>Bet</b>      | h Reno                        |   | Date 01              | / <b>23</b> / \          | 2007  |
| NOTE: Submission of fal      | se, erroneous, or incomplete inform     | ation may subject the per     | son signing this Staten   | nent to the penaltic | es of 2 U.S.C. S43       | 7g.   |
|                              | ANY CHANGE IN INI                       | FORMATION SHOULD              | BE REPORTED W   | ITHIN 10 DAYS        |                          |       |
| Office<br>Use<br>Only        |   | Fede                          | urther information co<br>ral Election Commission<br>Free 800-424-9530 |                      | FEC FOR<br>(Revised 02/2 |       |